

VBS Student Registration Form

Christ Lutheran Church
Nassau Street & Carleton Ave., Islip Terrace. NY 11752
631 581-1710
Aug. 13-17, 2018

Please use one form for each child registering

Student's Full Name _____

Grade completed June, 2018 _____ Birthdate _____

siblings enrolled _____

Address _____

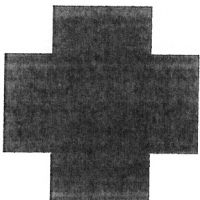
Home Phone _____ Parent/Guardian Name _____

Cell Phone _____ Cell Phone Contact _____

Emergency Contact Name other than Parent/Guardian _____

Relationship to Student _____

Home Phone _____ Cell Phone _____



Allergies: _____

Other Medical Conditions: _____

Do you give our staff permission to provide basic first aid to your child
in the event of an injury? Yes _____ No _____

\$40 Registration Enclosed \$ _____ Cash or Check # _____

Parent/Guardian Signature _____